

Substance Abuse Treatment Services for Youth in Washington State

What are the services?

- Division of Alcohol and Substance Abuse (DASA), of the Washington State Department of Social and Health Services, is the state agency providing both publicly funded treatment and prevention services for chemically dependent adolescents and their families. Both drug and alcohol abuse and dependencies are addressed.
 - DASA contracts for and manages a comprehensive continuum of intervention, screening, assessment, and treatment services for indigent, low-income, and Medicaid-eligible youth and their families. Funded services include the Twenty-Four Hour Helpline and Teen Line, school-based intervention services through Office of the Superintendent of Public Instruction (OSPI), contracts with 39 counties for outpatient assessment and treatment services, and direct contracts with public and private agencies for stabilization/detoxification and residential services.
- DASA collaborates with agencies, non-profit organizations, tribes, local governments to provide services for individuals and communities
- Helpful Publications on the Website: *A Guide for Parents: Chemical Dependency Treatment Options for Minors Under Age 18; and Referral and Resource Guide for Adolescent Chemical Dependency Treatment* (Both publications available in bulk from the Washington State Alcohol/Drug Clearinghouse: 1-800-662-9111, or at clearinghouse@adhl.org.)
- Website: <http://www1.dshs.wa.gov/dasa/default.shtml>

How/where are services provided?

Alcohol Drug Twenty-Four Hour Help Line and Teen Line

Prevention and Intervention Services in Schools

Description

Alcohol Drug 24 Hour Helpline, and Teen Line: offer phone assistance on referrals, resources, teen support for drug and alcohol problems.

Prevention/Intervention Services (OSPI) funded through local, state, and federal funds, places prevention/intervention specialists in schools for comprehensive student assistance programs that address problems associated with substance use, early prevention and intervention, assistance in referrals to assessment and treatment, and strengthening transition back to school for students who have had problems of alcohol and other drug abuse and dependency. (See additional description of school-based services in *Substance Abuse Prevention Services for Youth* chapter.)

Eligibility

- Help Line and Teen Line open to all residents.
- P/I services, see Prevention Description.

Stabilization and Detoxification Services

Description

The purpose is to provide a safe, temporary, protective environment for at-risk/runaway youth who are experiencing harmful effects of intoxication and/or withdrawal from alcohol and other drugs, in conjunction with emotional and behavioral crisis, including co-existing or undetermined mental health symptoms. For youth age 13 – 17, it addresses the needs of and treatment outcomes for youth who need chemical dependency and other treatment services but who may not be able to access these services due to acute intoxication and medical, psychological, and behavioral problems associated with their alcohol/drug use.

Eligibility

Open to all youth regardless of income or financial resources.

Served

Approximately 354 youth between ages of 12 – 17 received detox/stabilization services in 2003.

Seven sites throughout the State serving regional populations.

Note: Parental consent is recommended but not required since this is not a treatment service.

Screening, Assessment, Outpatient Services

Description

A state certified program which provides assessments and alcohol/drug counseling for youth and families, including outreach, case management, group and individual, and referral to treatment. Includes mis-use through abuse of alcohol and drugs, aftercare services post-residential treatment.

Includes Group Care Enhancement outpatient services out-stationed at youth group homes, programs not certified for these services, as a way to reduce barriers and increase access to treatment. DASA sub-contracts with all 39 counties.

Eligibility

Youth age 10 - 18, whose family incomes are below 200% of the federal poverty level, and who do not have access to treatment through health insurance mechanisms.

Served

See description in **Who Is Receiving Services**.

Note: Parental consent required for any treatment of minor under age 13; minor age 13 – 17 may consent to outpatient services. (See Youth Guide, Parent Guide for detailed information, agency provider lists).

Residential and Recovery House Services

Description

DASA contracts with residential providers for different modalities due to addiction and other life issues and their severity, and whether a “secure” setting is needed.

Level I: for youth with primary diagnosis of chemical dependency with less complicating mental health, other emotional, behavioral problems. Length of stay variable 30 – 45 days.

Level II: have primary diagnosis of chemical dependency and symptoms of mental health diagnosis or problems requiring concurrent management. Variable length of stay 30 – 90 days.

Secure settings: some providers have internal and external mechanisms, and staff security designed to reduce youth running away from treatment.

Recovery House: for youth needing sober supportive home after residential treatment stay, treatment focus is longer term recovery and life skills, relapse prevention. Length of stay variable up to 120 days.

Total beds: 182 (includes treatment expansion beds)

Eligibility

Same as Outpatient Services. Regional providers but open to all youth in state.

Served

See description in **Who Is Receiving Services**.

Note: Parental consent required for any minor under age 18; except “self-consent for youth who meet definition of Child In Need of Services (CHINS) when parent unable or unwilling to provide consent.

Who is receiving the service?

Overall, youth clients are referred from multiple systems, and assessed for need of chemical dependency treatment. They include youth with family incomes below 200% of the federal poverty level, who do not have access to treatment through health insurance mechanisms. Youth who are admitted to DASA publicly funded treatment programs have many serious and complex problems requiring a coordinated, multi-agency approach. Data from the 2003 Treatment and Assessment Reports Generation Tool (TARGET) provides a description of the population receiving treatment.

- **Gender:** 62% male and 38% female.
- **Race:** 57% White (Non-Hispanic), 6% Black, 11% Hispanic, 6% Native American, 2% Asian/Pacific Islander, 18% Other.
- **Age:** 41% between the ages of 11 and 15 years.
- **Schooling:** 15% not enrolled in school; and 15% dropped out/suspended from school.
- **Substance use history:** 94% began using their primary substance between the ages of 11 and 15; 6% had used needles to inject illicit drugs; 71% were chemically dependent at time of admission. Marijuana is the most frequently cited drug of abuse in youth admissions.
- **Type of treatment services:** The majority of youth admissions are for outpatient services: 53% outpatient, 24% intensive outpatient, 18% intensive inpatient, and 4% recovery house services.
- **Mental health needs:** 15% had a diagnosed mental disability; 16% were currently receiving mental health services; 15% were currently on prescribed psychiatric medications.
- **Criminal history:** 48% were on parole or probation at the time of substance abuse treatment
- **Other socioeconomic factors:** 28% had run away from home at least once in their lifetime; 22% had been a victim of domestic violence; 31% used the emergency room for one or more visits in the last year.

While youth vary in their ethnic diversity, data gathered from TARGET (DASA database and the DASA Treatment Analyzer) revealed that over 99% of youth admitted for treatment for state fiscal year 2003 reported that they had functional English speaking and reading skills.

The Treatment Gap:

In 2003, 5,875 youth received treatment services by DASA, out of an estimated 24,981 eligible individuals needing and eligible for DASA-funded treatment. The following table illustrates the treatment gap, or underserved need. (DASA 2004 Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State).

<i>Target Population</i>	<i>Needing & Eligible for DASA-Funded Treatment</i>	<i>Received Treatment with DASA-Funded Support</i>	<i>Number of Eligible Individuals Unserved</i>	<i>Treatment Gap Rate (Unserved Need)</i>
Adolescents	2003	2003	2003	2003
Ages 12 – 17	24,981	5,875	19,106	76.5%

Priority populations:

Services address and prioritize youth who are on the street, homeless, running away from home, injection drug using, and pregnant and parenting.

Assistance with Transportation:

Financial assistance is available to those youth and families who qualify for residential treatment, and who are in most need of assistance with treatment program family activities due to distance and other barriers. (See Family Hardship in Youth Referral Guide)

Issues/challenges for Youth Treatment System:

- Co-Occurring mental health conditions
- Increasing need for techniques to improve engagement, retention, and completion using cognitive behavioral approaches compatible with alcohol and drug addiction treatment.
- Increasing referrals from Juvenile Justice sources, such as local courts, drug courts, and community placement of offenders.
- Limited capacity and funding.
- Public funding for only 24% of those indigent, low-income youth and families needing treatment.
- Long waiting lists result in missing the “window of opportunity” for admitting to treatment services.
- Increased need for “secure” facilities.
- Primary marijuana abuse and addiction.
- Increases in methamphetamine use.
- Lower age of first use and level of maturity.
- Severity of alcoholism and drug addiction.
- Improving responsiveness and sensitivity to the diverse ethnic and cultural lives of youth and families.

Treatment Works – Outcomes One Year After Treatment:

(Washington State Division of Alcohol and Substance Abuse One-Year Adolescent Outcomes Report 1997; Treatment Outcomes for Youth Admitted to Residential Chemical Dependency Treatment Under the Provisions of the “Becca” Bill 1997)

- Declines in school and work problems
- Improved school performance, attendance, and academic achievement
- Declines in psychiatric symptoms
- Declines in legal involvement
- Declines in medical service utilization

How to Refer a Youth to Treatment:

Each DASA-contracted youth provider is responsible for determining a youth’s clinical and financial eligibility for treatment at that contracted facility. Those youth who already have medical coupons are approved for DASA funding. Youth who are low-income may be eligible for DASA-funding, and those families with some third party insurance who may not be able to afford costs of treatment not covered by insurance may also be eligible for partial or full funding.

Generally it is best to refer a youth to an outpatient treatment program for an initial assessment of chemical dependency, although if the need for residential treatment has been established, youth may be referred directly to a contracted residential facility, with arrangements for continuing care at a local outpatient provider.

For more detailed information about referral and financial processes, and lists of programs, age of consent issues, refer to:

A Guide for Parents: Chemical Dependency Treatment Options for Minors Under Age 18; and Referral and Resource Guide for Adolescent Chemical Dependency Treatment located on DASA website or from the Washington State Alcohol Drug Clearinghouse.

For assistance in finding treatment resources:

Cyndi Beemer	DASA Region One Treatment Manager	(509) 329-3732
Eric Larson	DASA Region Two Treatment Manager	(509) 225-6232
Melinda Trujillo	DASA Region Three Regional Manager	(360) 658-6862
Bob Leonard	DASA Region Four Treatment Manager	(206) 272-2188
Pamala Sacks-Lawlar	DASA Region Five Treatment Manager	(253) 476-7058
Ruth Leonard	DASA Region Six Treatment Manager	(360) 725-3742
Stephen Bogan	DASA Youth Treatment System Manager	(360) 725-3707

24-HOUR ALCOHOL/DRUG HELP-LINE (206) 722-4222 or
Call TOLL FREE (WA only) 1-800-562-1240